

# BRIGHT FUTURES EXAM: LATE ADOLESCENT (ages 18, 19, 20 years )

|   |      |       |  |  |                     |  |                                   |    |
|---|------|-------|--|--|---------------------|--|-----------------------------------|----|
| NAME:   |      |       | VISIT DATE: ____/____/____   |  |                     | DOB: ____/____/____ Actual Age:                                    |                                   |    |
| MaineCare I.D. #:   |      |       | <input type="checkbox"/> <b>NO SHOW</b>  |  |                     | Service Location Name and ID #:                                    |                                   |    |
| Examiner's Last Name:   |      |       | Examiner's NPI #:  |  |                     | Pay To NPI #   |                                   |    |
| <b>KEY: Mark NI if normal, Ab if abnormal, or Y if yes, N if no, or ✓, if item done</b>   |      |       |  |  |                     |  |                                   |    |
| (1) HISTORY   |      |       | (2) DEV/SCHOOL PERFORMANCE   |  |                     | (3) PHYSICAL EXAM  |                                   |    |
|   |      |       | ✓  | Indicate if discussed:   |                     |  |                                   |    |
| 1. General health   | NI   | Ab    |  | 13. Do you ever feel depressed & down?                         |                     | 25. WT _____, HT _____   | NI                                | Ab |
| 2. Complaints   | Y    | N     |  | 14. Have you ever thought of hurting yourself?                 |                     | 26. BMI _____ %  |                                   |    |
| 3. Pertinent Review of Symptoms   | NI   | Ab    |  | 15. What worries you? or makes you angry?                      |                     | 27. HR _____   |                                   |    |
| 4. Allergies  | NI   | Ab    |  | 16. Do you feel you will be successful?                        |                     | 28. BP _____/_____   |                                   |    |
| 5. Meds   | Y    | N     |  | 17. How do you feel about your performance?                    |                     | 29. Skin   |                                   |    |
| 6. Significant PMH  | Y    | N     |  | 18. Do you own a gun? Has anyone ever tried to hurt you?       |                     | 30. Ears   |                                   |    |
| 7. Family Hx Update   | NI   | Ab    |  | 19. Have you become sexually active?                           |                     | 31. Nose   |                                   |    |
| 8. Exercise   | Y    | N     |  | 20. Do you use birth control? What kind(s)?                    |                     | 32. Throat   |                                   |    |
| 9. School   | Y    | N     |  | 21. Have you ever contracted an STD such as chlamydia, herpes? |                     | 33. Teeth  |                                   |    |
| 10. Job   | Y    | N     |  | 22. What does your family do together?                         |                     | 34. Lungs  |                                   |    |
| 11. Menses Hx   | Y    | N     |  | 23. Are you living away from home?                             |                     | 35. Heart  |                                   |    |
| 12. Family changes  | Y    | N     |  | 24. Are you satisfied with job/school?                         |                     | 36. Abdomen  |                                   |    |
|   |      |       |  |  |                     | 37. Genitalia  |                                   |    |
| (5) SCREENING   |      |       | (4) IMMUNIZATIONS GIVEN  |  |                     |  |                                   |    |
| 48. PHQ 9<br>49. 24. Hearing R_____L_____<br>50. Vision R20/____L20/____<br>51. Hyperlipidemia risk assessment<br>If abnormal, Lipid results _____<br>52. If sexually active:<br>Gonorrhea<br>Chlamydia<br>53. If at risk: HIV<br>Syphilis RPR/VDRL |      |       | 47. Up to date?  |  | Y                   | N  | 38. Testicles (discuss self exam) |    |
|   |      |       | Immunizations given today _____  |  |                     |  | 39. Breasts (discuss self exam)   |    |
|   | Pass | Refer | <i>Document vaccine brand below and record in Impact2</i>                                  |  |                     |  | 40. Pelvic (if sexually active)   |    |
|   | NI   | Ab    |  |  |                     |  | 41. PAP smear                     |    |
|   | NI   | Ab    |  |  |                     |  | 42. Musculoskeletal               |    |
|   | NI   | Ab    |  |  |                     |  | 43. Neuro                         |    |
|   |      |       |  |  |                     |  | 44. Extremities                   |    |
|   |      |       |  |  | 45. General hygiene |  |                                   |    |
|   |      |       |  |  | 46. Tanner Stage    |  |                                   |    |
|   |      |       |  |  |                     |  |                                   |    |
|   |      |       |  |  |                     |  |                                   |    |
|   |      |       |  |  |                     |  |                                   |    |
| (6) KEY ANTICIPATORY GUIDANCE [ ✓ if discussed ]  |      |       |  |  |                     |  |                                   |    |
| 54. Use seatbelt at all times   |      |       | 61. Recognize & deal with stress, S/S depression   |  |                     | 66. If having sex, ask for exam, discuss birth control & safer sex |                                   |    |
| 55. Bike, motorcycle, ATV helmets, MGS  |      |       | 62. Limit fat/chol. intake; eat more grains, fruits & veg; adequate calcium/iron (females) |  |                     | 67. *Learn useful new skills (CPR...)                              |                                   |    |
| 56. Test smoke detectors/change batteries   |      |       | 63. Brush teeth with little or no toothpaste 2x  |  |                     | 68. Become a community advocate                                    |                                   |    |
| 57. Review job safety rules   |      |       | 64. *Educate yourself about birth control, STD's   |  |                     | 69. Learn to become a health care consumer (i.e. insurance)        |                                   |    |
| 58. Counseling avoiding tobacco, and other  |      |       | 65. Sexuality education--safety, abstinence, homosexuality                                 |  |                     | 70. Use Bike/Ski/Skate Helmet                                      |                                   |    |
| 59. Discuss athletics, regular exercise   |      |       |  |  |                     | 71. Dental Appt  |                                   |    |
| 60. Sun exposure/sunscreen  |      |       |  |  |                     | 72. 5-2-1-0, Avoid Juice/Soda/Candy                                |                                   |    |
| <b>MaineCare Member Services follow-up needed: [circle as appropriate] arrange transportation/find dentist / find other provider/ make appointment/ Public Health Nurse visit/ other</b>  |      |       |  |  |                     |  |                                   |    |
| ASSESSMENT/ABNORMALS PLAN [refer to line item numbers]  |      |       |  |  |                     |  |                                   |    |
|   |      |       |  |  |                     |  |                                   |    |
| Examiner's Signature: _____   |      |       | DATE: ____/____/____ RTC in ____ months  |  |                     |  |                                   |    |